

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 101088494

FILING DATE

APPLICANT(S)

124-04 CLAIMS

AS FILED	AFTER		AFTER		AFTER
	1st AMENDMENT	2nd AMENDMENT	3rd AMENDMENT	4th AMENDMENT	
1					
2					
3					
4					
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47					
48					
49					
50					
TOTAL IND.			2		
TOTAL DEP.			10		
TOTAL CLAIMS	12	12			

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 1010588914	Filing Date			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	1						Total Indep			
Total Depend	13						Total Depend			
Total Claims	14						Total Claims			